

<b>Case Number:</b>	CM14-0215801		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	02/10/1999
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old male with an industrial injury on 02/10/1999 in which he was rear-ended while driving a truck for his place of employment. The injured worker (IW) was diagnosed with a concussion at the time of the injury. Since the time of the injury the IW has been treated for other issues as listed in the diagnosis below. Prior medications included pain medication, anti-anxiety medication, medication for sleep disturbance and mood swings along with daily home exercise program and left knee brace. Current diagnosis includes:- Myofascial pain syndrome of the head, neck, bilateral shoulders and thoracic paravertebral muscles- Bilateral occipital neuralgia- Cervicogenic facet based pain- Sleep disturbance, depression and impotence- Status post implantation of bilateral peripheral occipital neuro-electrodes, bilateral cervical neuro-electrodes and restore pulse generator- Bilateral subacromial bursitis and impingement syndrome- Left knee arthralgia status post multiple arthroscopies- Complex regional pain syndrome of the left knee. Physical examination revealed prominent myofascial spasm and tenderness of the right temple, bilateral occiput, neck, bilateral shoulders and thoracic paravertebral muscles. Cervical range of motion was decreased with right rotation, right lateral flexion and extension. Cervical extension and right rotation markedly increased right neck and right shoulder pain. Bilateral shoulder abduction and flexion was limited to 165 degrees. Bilateral subacromial bursa tenderness was noted. Allodynia was noted over the left anterior chest in a 2 x 4 area at the IPG explantation site. The provider documents the IW can walk mile with fentanyl 100ug/hr every 72 hours and oxycodone 15 mg every 4 hours and perform activities of daily living. Decrease in oxycodone 15 mg every 4 hours as needed results in

increased headache and neck pain limiting walking to block and inability to care for the children including dressing and feeding them. The IW rated cervical pain and headache at 6-8/10 with current medications. The provider requested authorization for Oxycodone 15 mg 6 per day as needed # 102. On 12/16/2014 utilization review (UR) issued a decision of modified certification for Oxycodone 15 mg # 76 stating in order for the continuation of opioid medication to be appropriate long term there must be documented improvements without adverse side effects. UR states a history of prolonged use without any improvements upon physical examination, continued fluctuation of pain between 7/10 and 8/10 despite the medication use and no indication that the patient would be able to return to work. Cited Guidelines were California MTUS, Chronic Pain May 2009, Opioids - dosing and weaning of medications. The UR references an evaluation dated 12/09/2014 which is not available in the records submitted for this review. The decision was appealed to Independent medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Oxycodone 15mg # 102:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Oxycodone 15mg # 102 is not medically necessary.